

MEDICAL RECORD		CONSULTATION SHEET	
REQUEST			
TO:		FROM: <i>(Requesting physician or activity)</i>	DATE OF REQUEST
REASON FOR REQUEST <i>(Complaints and findings)</i>			

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> TODAY
		<input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> 72	<input type="checkbox"/> EMERGENCY

CONSULTATION REPORT

SIGNATURE AND TITLE			DATE
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.